



# Student Application form

Before completing this form, please ensure that you have read the *Code of Conduct*.

If you are in practice as a sole practitioner, partner, director or LLP member, you must also complete a Practice Profile Form or Practice Profile Form for profile candidates (both available from [ciat.org.uk](http://ciat.org.uk)). For information on this, please see *Requirements for CIAT Registered Practices* (available from [ciat.org.uk](http://ciat.org.uk)). Your membership will not be confirmed until these items have been received and your registration successful.

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS AND BLACK INK (IF COMPLETING BY HAND)

## SECTION A - Personal details

Title: Mr/Mrs/Miss/Ms/Dr/other (please specify) .....  
Surname: .....  
Forename(s): .....  
Date of birth: ..... / ..... / ..... Gender:  Female  Male  Prefer not to specify

## TERM TIME ADDRESS

Address: .....  
.....  
Postcode: ..... Country: .....  
Telephone: ..... Mobile: .....  
Email address: ..... Twitter: .....

## PERMANENT/PARENTAL ADDRESS (IF DIFFERENT FROM THE ABOVE)

Address: .....  
.....  
Postcode: ..... Country: .....  
Telephone: .....

## IMPORTANT - PLEASE TICK MAIN CONTACT ADDRESS

Term time  Permanent/parental

**EMPLOYER DETAILS** (if relevant to the built environment sector)

Employer: .....  
Address: .....  
.....  
Postcode: ..... Country: .....  
Telephone: .....  
Email: ..... Practice website: .....  
Job title: ..... Twitter: .....

Please tick appropriate box

I am self-employed\*                       I am employed on a freelance basis\*                       I am an employee  
 I am unemployed (evidence must be provided)                       I am retired                       I am a student

\*See Guidance to members offering/providing architectural advice or services for clarification

**SECTION B - Programme details** (must be provided)

University/college studying at: .....  
Programme completion date: ..... / ..... / .....  
This programme is:                       Part-time                       Full time                       Sandwich

Please tick the appropriate box

<input type="checkbox"/> Degree	Subject: .....
<input type="checkbox"/> Foundation Degree	Subject: .....
<input type="checkbox"/> HNC	Subject: .....
<input type="checkbox"/> HND	Subject: .....
<input type="checkbox"/> NVQ	Subject: ..... Level: .....
<input type="checkbox"/> Other	Subject: ..... Level: .....

**SECTION C – Declaration** (All applicants)

I submit this form and additional documentation as an accurate record in support of my application for election or re-election to membership of the Chartered Institute of Architectural Technologists. I fully understand the requirements for membership as set out in the AT: How to qualify booklet and the Code of Conduct. I agree to accept the decision of the Institute regarding my eligibility for election. If elected to membership, I will abide by the rules and regulations specified in the Institute’s Charter, Byelaws and Regulations\* and agree to abide by the Institute’s Code of Conduct, and any other directive issued by CIAT. I will keep CIAT informed of any change in my circumstances in writing, which may affect my membership. Prior to confirmation of registration, a Member or profile candidate in private practice as sole practitioner, partner, director or LLP member must obtain formal registration with the Institute by completing the Practice Profile Form, obtaining approval of their business stationery and providing evidence of current professional indemnity insurance showing expiry date.

\*Can be found at: [ciat.org.uk/en/the\\_institute/about-ciat/ciats-charter/Charter\\_Regulations.cfm](https://ciat.org.uk/en/the_institute/about-ciat/ciats-charter/Charter_Regulations.cfm)

**Disclosure – General Data Protection Regulations (GDPR) 2018**

All personal data will be held in accordance with GDPR principles. If you have any queries or requests, please contact [membership@ciat.org.uk](mailto:membership@ciat.org.uk) or refer to the Institute’s Privacy Statement (<https://ciat.org.uk/privacy-policy.htm>). N.B. You cannot elect to be excluded from CIAT related mailings (via mail or email).

I do **not** wish to receive details about products and services which CIAT believes to be of interest to me.

Signature of applicant : ..... Date: ..... / ..... / .....

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**SECTION D – Referee (All applicants)**

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I am willing to act as referee in support of this applicant as I consider him/her to be suitable for election or re-election to membership. The information on this form is, to the best of my knowledge and belief, correct. I am not related to the applicant.

Signature of referee: ..... Date: ..... / ..... / .....

Name of referee: .....

Job title of referee: .....

Professional qualification(s) of referee: .....

Email of referee: .....

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**PLEASE RETURN THIS FORM TO:**

Membership Department  
Chartered Institute of Architectural Technologists  
397 City Road,  
London,  
EC1V 1NH, UK

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**FOR ANY QUERIES PLEASE CONTACT THE MEMBERSHIP DEPARTMENT:**

T. +44 (0)20 7278 2206 or  
T. +44(0)800 731 5471  
E. [membership@ciat.org.uk](mailto:membership@ciat.org.uk)  
[ciat.org.uk](http://ciat.org.uk)